2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 08:00 AM Secretary of State

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1. Entity Name H.N.Y. INC.



Principal Place of Business

1034 SEMORAN BLVD. CASSELBERRY, FL 32707 Mailing Address

1034 SEMORAN BLVD. CASSELBERRY, FL 32707



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01162007 No Chg-P Applied For

4. FEI Number 59-3277105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

LABRET, STEVEN M 501 N. MAGNOLIA AVE

DO NOT WRITE

SUITE A ORLANDO, FL 32801				IN THIS SPACE				
	named entity submits this statement for the pilons of registered agent.	ourpose of changing its registered of	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and title	I applicable (NOTE: Registered Ag	ent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution,	° 🗆	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HWANG, YOUNG S. 229 COACHMANS COVE ALTAMONTE SPRINGS, FL	1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HWANG, HYE K. 229 COACHMANS COVE ALTAMONTE SPRINGS, FL				U00000634899 02/22/07-80031-002 150.00			
TITLE NAME Street Address City-St-Zip				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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STREET ADDRESS CITY-SI-ZIP

Daytime Phone #